

CONTRACTOR DISCLOSURE FORM A

AC 271-S (Effective 4/12)

New York State Consultant Services
Contractor's Planned Employment
 From Contract Start Date Through the End of the Contract Term

State Agency Name: NYS Workers' Compensation Board
 State Agency Department ID: 3560000
 Agency Business Unit: WCB01
 Contractor Name: Federal Hearings & Appeals Services LLC Contract Number: C140417
 Contract Start Date: Upon OSC Approval Contract End Date: 12/30/2030

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1210 MD/DO/PhD	116	800	\$100,000.00
29-1123 PT	2	409	\$36,000.00
29-1140 RN	15	2,500	\$220,000.00
29-2060 LPN	4	500	\$44,000.00
Total this page	153	4,209	\$ 400,000.00
Grand Total	153	4,209	\$ 400,000.00

Name of person who prepared this report: Title: CFO Phone #: 570-779-5122
 Preparer's Signature:  Date Prepared: 10/15/25

Use additional pages if necessary